

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Campaign HQ			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 109 West Front St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2018</div>		
City Brooklyn	State IN	Zip Code 52211	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1694.16</div> Transaction ID : SE.10284 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure GOTV Phone calls		Category/ Type 004	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2018</div>		
Name of Federal Candidate MORRISEY, PATRICK MR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25123.38</div>					

Full Name of Payee Campaign HQ			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 109 West Front St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2018</div>		
City Brooklyn	State IN	Zip Code 52211	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1694.16</div> Transaction ID : SE.10286 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure GOTV Phone calls		Category/ Type 004	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2018</div>		
Name of Federal Candidate MANCHIN III, JOE, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26817.54</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3388.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3388.32</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature